Form (RF-3)

SUMMARY SHEET

	Change in Company's premium revision effective 10/15/2	n or rate level produced b 007 ///39/3007	oy rate
	(1)	(2)	(3)
	(2)	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change $(+ or -)**$
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	\$1,496,074	5.5%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Doe	s filing only apply to certain	territory (territories)or	certain classes?
	so, specify: No		

Brief description of filing. (If filing follows rates of an advisory

organization, specify organization): Rate Filing

When Allstate Property & Casualty Insurance Company introduced its Boatowners Program in Illinois under our filing R15655 on February 21, 2005, there was an inadvertent error in the factor development for Boat Classification 19 - Personal Watercraft. This resulted in our overall rate level being approximately 5.2% lower than intended.

With this filing, we would like to update the Personal Watercraft factor. The overall impact of this change is 5.5%. Note that the average premium for Personal Watercrafts before and after this change is \$130.88 and \$190.17, respectively.

For your reference, please review the following:

- Revised rate page and explanatory memo for the new factors
- Attachment A for additional updates

Effective date: October 15, 2007 for all business written and renewals processed on or after October 15, 2007 with renewals effective on or after November 29, 2007

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

	Allstate Property & Casualty Insurance Company
-	Name of Company
	Stephen Burbick - State Filings Director
	Official - Title

H29219D

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate le	vel produced by rate revision effective	August 1, 2007
	(1) Coverage	(2) Annual Premium Volume (Illin <u>ois)</u> *	(3) Percent <u>Change (+ or -)**</u>
	<u></u>		
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage	M-100	
	Inland Marine	27,567	11.0%
	Homeowners		
	Commercial Multi-Peril	439,599	0.3%
	Crop Hail	100,000	
	Other		
	Line of Insurance		
	Line of modration		
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify:	NO
	3,, · · · · · · · · · ·	, , ,	
Brie	ef description of filing. (If filing follows r	rates of an advisory organization, specify org	janization):
		loss costs (CM-2006-RLA1) and updating their loss cost	
	justed to reflect all prior rate changes.		
**C	hange in Company's premium level w	nich will result from application of new rates.	
	-		
		FCCLI	nsurance Company
		Na	me of Company
		Debra J. Comsto	ck, Regulatory Filing Specialist
			Official – Title



Form (RF-3)

SUMMARY SHEET

`	change in Company's premium or race	level produced by rate revision effective	0,10,0,
	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1,	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine COMMERCIAL	\$58,285	-10%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	iling only apply to certain territory (ten	ritories) or certain classes? If so, specify:	
N/A			

Amended Contractors Equipment under the Commercial Inland Marine section of our Manual. Form 02559, Limited Theft Coverage for Small Tools, is no longer mandatory. We will begin offering a buyback and Form 02559 will become an optional coverage. For policies with the limitation, lower rates are offered.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

AUG 17 2007

SPRINGFIELD, ILLINOIS

Frankenmuth Mutual Insurance Com Name of Company

Alice Jaruzel R&D Analyst II

Official - Title

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate level	produced by rate revision effe	ective	August 1, 2007
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>		(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private			
_	Passenger Commercial			
2.	Automobile Physical Damage			
2	Private Passenger Commercial			
3.	Liability Other Than Auto	·	····	
4. 5.	Burglary and Theft		 ,	
5. 6.	Glass		 ·	
7.	Fidelity Surety	.1	 .	
8.	Boiler and Machinery			
9.	Fire			
•	Extended Coverage			
	Inland Marine		58,030	10.4%
	Homeowners			
13.	Commercial Multi-Peril	2	205,840	-0.3%
14.	Crop Hail			
15.	Other			
	Line of Insurance			
D	61:			***
DOG	es filing only apply to certain territory (terr	itones) or certain classes? If s	so, specity:	NO
Brie	ef description of filing. (If filing follows rate	s of an advisory organization	specify organ	nization).
	roe Guaranty Insurance Company is adopting appro	• •		
10.01	to calculate company to adopting appro-	100 100 1000 00010 (0111 1000 112 11)	анд Брасинд в го	
*Ad	ljusted to reflect all prior rate changes. (Y	ear Earned is 2005)		
	hange in Company's premium level which		f new rates.	
			Monroe Guarar	nty Insurance Company
			Name	of Company
		De	ehra J. Comstock	Regulatory Filing Specialist
	DIVISION OF INSUR			icial – Title
	DIVISION OF INSUF STATE OF ILLINOIS/II	DFPR		
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	SPRINGFIELD, ILL	NOIS		

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Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Cha	ange in Company's premium or rate le	vel produced by rate revision effective	August 1, 2007
	(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
4			
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage		
۷.	Private Passenger Commercial		
3.	Liability Other Than Auto		
4 .	Burglary and Theft		
¬. 5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine	0	0.0%
	Homeowners		
13.	Commercial Multi-Peril	104,292	-9.7%
	Crop Hail		
	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify:	NO
		rates of an advisory organization, specify organization of an advisory organization, specify organization, spe	
	justed to reflect all prior rate changes hange in Company's premium level w	. (Year Earned is 2005) hich will result from application of new rates.	· · · · · · · · · · · · · · · · · · ·
		National To	ust Insurance Company
			ne of Company
		Debra J. Comstoo	k, Regulatory Filing Specialist
			Afficial Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JUN 1 3 2007

SPRINGFIELD, ILLINOIS